

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A22980

1. Entity Name
FELLSMERE INVESTORS, LTD.



Principal Place of Business
**215 BAYTREE DR
STE 1
MELBOURNE, FL 32940**

Mailing Address
**215 BAYTREE DR
STE 1
MELBOURNE, FL 32940**



03242006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2796648

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOSEPH H. GLOVER
215 BAYTREE DR
STE 1
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **H13781**
NAME **FELLSMERE DEV. CORP. INC**
STREET ADDRESS **410 N. WICKHAM RD., #200**
CITY-ST-ZIP **MELBOURNE, FL**

DOCUMENT #
NAME **GLOVER, JOSEPH H.**
STREET ADDRESS **3109 S. MAIN STREET**
CITY-ST-ZIP **MELBOURNE, FL**

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STREET ADDRESS
CITY-ST-ZIP

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U00000532830
05/06/06-80097-011 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 20, 2006 321-255-0088

Date

Daytime Phone #

STAPLE CHECK HERE